



MAINE STATE BOARD OF NURSING

158 STATE HOUSE STATION
161 CAPITOL STREET
AUGUSTA, MAINE 04333-0158
(207) 287-1138

APPLICATION FOR LICENSE AS A REGISTERED PROFESSIONAL NURSE BY ENDORSEMENT

DO NOT WRITE IN THIS SPACE

Application Received _____

Application Approved by Board of Nursing: _____

Fee: ☐ CC ☐ Cash ☐ Check ☐ MO _____

Chair

License Date _____

Executive Director

LICENSE NUMBER _____

Date

INSTRUCTIONS An applicant for licensure by endorsement must submit to the Board of Nursing office the following:

1. Application form completed in **ink or typewritten**, with signature in applicant's handwriting;
2. Fee of \$75.00 in the form of Visa/MasterCard/Discover Card (credit card form enclosed), check or money order in U.S. funds, made payable to "Treasurer of the State of Maine";
3. Recent passport type photograph (2 x 2 and no more than two years old) enclosed with the application form;
4. Verification of licensure from your original state of Registered Professional Nurse licensure through NURSUS at www.nursys.com (\$30.00 Visa or MasterCard). Some states do not participate in the NURSUS verification. Please check with your state, if the state is not participating in NURSUS, please use the enclosed Maine verification form to send to your original state of licensure;
5. Additional verifications are also required if you have practiced in Canada or a foreign country; and
6. Original source transcripts are required if you were prepared in a foreign country or completed a generic to master accelerated program and otherwise only on request after review of application.

YOU MAY NOT PRACTICE NURSING IN MAINE UNTIL YOU RECEIVE AUTHORIZATION FROM THIS OFFICE

THE APPLICATION FEE IS NOT REFUNDABLE

SECTION 1. PROFILE INFORMATION

FULL LEGAL NAME	FIRST	FULL MIDDLE OR "N/A"	MAIDEN	LAST
ANY OTHER NAMES EVER USED				
DATE OF BIRTH	/	/	PLACE OF BIRTH	CITY STATE
SOCIAL SECURITY NUMBER	-	-	PERSONAL EMAIL ADDRESS	
MAILING ADDRESS *This is considered your public contact address				
CITY	STATE	ZIP CODE	COUNTRY	
RESIDENTIAL ADDRESS (if different from above)				
PHONE NUMBER(S)	HOME	MOBILE	BUSINESS	
HIGH SCHOOL	NAME	LOCATION	DATE OF GRADUATION	/ /
G.E.D.	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF G.E.D. DIPLOMA	/	/

SECTION II. DISCIPLINARY INFORMATION**PLEASE READ AND ANSWER EACH QUESTION CAREFULLY AND TRUTHFULLY:**

NOTE: Answers found to be fraudulent may result in denial, fines, suspension, and/or revocation of a license.

- A. Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you? ☐ YES ☐ NO
- B. Is there any complaint pending against your license in any state or jurisdiction including Canadian and foreign jurisdictions? ☐ YES ☐ NO
- C. Have you ever been disciplined for problems resulting from a physical illness or condition? ☐ YES ☐ NO
- D. Have you ever been disciplined for problems resulting from mental illness? ☐ YES ☐ NO
- E. Are you currently participating in a substance abuse and/or alcohol or drug treatment program or have been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? ☐ YES ☐ NO
- F. Have you ever been disciplined for problems resulting from chemical dependency? ☐ YES ☐ NO
- G. For any criminal offense, including those pending appeal, have you: *(please select below all that apply)* ☐ YES ☐ NO
- ☐ a. Been convicted of a misdemeanor?
 - ☐ b. Been convicted of a felony?
 - ☐ c. Pled nolo contendere, no contest, or guilty?
 - ☐ d. Received deferred adjudication?
 - ☐ e. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - ☐ f. Been sentenced to serve jail or prison time? Court ordered confinement?
 - ☐ g. Been granted pre-trial diversion?
 - ☐ h. Been arrested or have any pending criminal charges?
 - ☐ i. Been **cited** or charged with any violation of the law? *(other than parking tickets and/or traffic violations)*
 - ☐ j. Been subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action?
- H. Are you currently the target or subject of a grand jury or government agency investigation? ☐ YES ☐ NO

NOTE: If you answered "YES" to questions A-G listed above, attach a letter of explanation that is dated and signed indicating the circumstances you are reporting to the Board. If you answered "YES" to questions G or H, you must also attach the document(s) showing the disposition of the case(s).

SECTION III. BASIC NURSING EDUCATION (First Registered Nurse Program)

SCHOOL OF PROFESSIONAL NURSING	NAME
ADDRESS	
DATE OF ENTRANCE / /	DATE OF GRADUATION / / LENGTH OF PROGRAM*
IF PROGRAM IS LESS THAN 2 YEARS, PLEASE GIVE DETAILS <i>(i.e. if you have a previous degree)</i>	

Diploma ☐ Associate ☐ Baccalaureate ☐ Masters ☐ Doctoral ☐ Certificate ☐

SECTION IV. LICENSURE HISTORY

ORIGINAL REGISTRATION:	YEAR	LICENSE NUMBER	BY EXAM
STATE			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COUNTRY <i>if applicable</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO

Have you completed a program preparing nurse practitioners, nurse anesthetists, nurse mid-wives, or clinical nurse specialists? ☐ YES ☐ NO

Do you plan to apply for licensure as an Advance Practice Registered Nurse? ☐ YES ☐ NO

SECTION V. EMPLOYMENT INFORMATION

A. List employment in nursing for the past five years.

Name of Agency	City and State	Dates of Employment					
		FROM	/	/	TO	/	/
		FROM	/	/	TO	/	/
		FROM	/	/	TO	/	/

B. If you **have not** been employed in nursing in the last five years, please explain. _____C. Are you currently employed in nursing? ☐ YES ☐ NO

If yes, please specify: NAME

ADDRESS

PHONE NUMBER

D. Where in Maine do you plan to work?

NAME

ADDRESS

PHONE NUMBER

SECTION VI. DECLARATION OF PRIMARY RESIDENCE

A. I declare that the State of _____ (state)** is my primary state of residence as of ____/____/____ (date) and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a persons declared fixed permanent and principal home for legal purposed; domicile.)

****If you have declared Maine as your primary state of residence, a criminal background check (CBC) must be completed through the Maine Department of Public of Safety (DPS) and the FBI based on a set of fingerprints provided to IdentoGO before your application will be processed. Register for fingerprinting online at <https://me.ibtfingerprint.com/>. If you do not register you will not be able to have your fingerprints taken. There is a one-time \$52 fee for this process.**

B. Upon licensure in Maine, in which state(s) do you intend to practice?

C. Are you currently employed in the U.S. Military (Active Duty) or in the U.S. Federal Government? ☐ YES ☐ NO**TAPE TOP ONLY**

One recent photograph

Photo must be:

Full face view

Passport Type

← 2 x 2 only →

Clear and recognizable likeness

By my signature, I the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine and hereby certify that the information provided on this application is true and accurate. By submitting this application, I affirm that I have complied with all requirements of the law, and that I have read and understand this affidavit and that the Maine State Board of Nursing will rely on this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension, or revocation of my license if this information is found to be false.

Signature of Applicant _____ Date _____



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VERIFICATION OF REGISTERED PROFESSIONAL NURSE LICENSURE

Submitted to original state of licensure when the state does not participate in NURSYS verification and Canadian and foreign licensing authorities

To _____ Board of Nursing

Name of Applicant _____

Present Address _____

License Number _____ Date of Birth ____/____/____ Social Security Number ____-____-____

INFORMATION BELOW TO BE COMPLETED BY THE BOARD OF NURSING IN YOUR STATE OF ORIGINAL LICENSURE

EDUCATION

High School Diploma:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> G.E.D.
Nursing Program:	State Accredited? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type: <input type="checkbox"/> Associate Degree	<input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Diploma
Name of Nursing Program _____			
Address _____			
Date of Entrance ____/____/____	Date of Graduation ____/____/____	Length of Program _____	

LICENSURE

License Number _____	Date Issued ____/____/____	Expiration Date of Current License ____/____/____
Issued by: <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Waiver		
Has license ever been suspended, revoked, probated, reprimanded, or limited/restricted? <input type="checkbox"/> YES (please attach explanation) <input type="checkbox"/> No		

EXAMINATION

Results of State Board Test Pool Examination/NCLEX	(please indicate if exam was taken more than one time)	Series Number: _____
Scores: *if applicant did not write SBTPE/NCLEX, specify type of test and list subjects and grades on back		
Medical Nursing _____	Psychiatric Nursing _____	
Obstetric Nursing _____	Surgical Nursing _____	
Nursing of Children _____	Comprehensive NCLEX _____	
Canadian Exams: <input type="checkbox"/> CNATS <input type="checkbox"/> Provincial	Taken in: <input type="checkbox"/> English <input type="checkbox"/> French	

NAME & TITLE _____

STATE _____

DATE _____

(SEAL)



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CREDIT CARD AUTHORIZATION FORM

Please Provide the Following:

We accept Visa/MasterCard/Discover Card

Credit Card # _____

Credit Card Expiration Date:
(mm/yy) _____

Your Name
(if not the Card Holder) _____

Card Holder's Name:
(as it appears on the Card) _____

**Card Holder's Billing
Address** _____

Card Holder's Signature _____

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers, and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website. The mailing address is considered your public contact address.